



APPLICATION FOR A WORKCOVER NSW CONSTRUCTION INDUCTION CARD

CIC-APP-01

UNDER THE NATIONAL CODE OF PRACTICE FOR INDUCTION FOR CONSTRUCTION WORK

Please use **BLACK INK** and print within the boxes in **BLOCK LETTERS**.
Complete all sections, (*) denotes a mandatory field or make N/A

A. Statement of Training Number

*SOT

B. Details of Applicant

Current Name

*Title: *Family Name:

*Given Name:

*Middle Name/Other Name:

*Gender ☐ Male ☐ Female *Date of Birth (DD MM YYYY) 1 9 *Daytime Contact Number

Email (optional)

C. Current Address of Applicant

*Street No *Street Address

*Suburb *State *Postcode

Postal Address (must be an Australian address and accompanied by a residential address above)

☐ Same as above or

Suburb State Postcode

D. Training Details or Recognition of Prior Learning (RPL)

*RTO Name

*WorkCover Approval Number

*Nominated Trainer's Name

*Nominated Trainer's Identification Number **TR**

*Date of Training (DD MM YYYY) *Training Start Time : (24 hour clock) *Training End Time : (24 hour clock) *Total time of all breaks taken :

OR I was successfully assessed for Recognition of Prior Learning (RPL). *Date of Assessment:

E. Details of other WorkCover NSW issued Licences

(such as a National Certificate of Competency)

Have you ever been issued with a WorkCover NSW issued licence or a Construction Induction Card (tick box) ☐ Yes ☐ No

F. Applicant's Declaration

I, the Applicant recorded in section A of this form, wish to apply for a WorkCover NSW Construction Induction Card. I certify that the details on this form are true and correct and confirm I have successfully completed general induction training under the National Code of Practice For Induction For Construction Work, as detailed in section D.

*Applicant Signature

Date (DD MM YYYY)

(Date of Declaration)

It is an offence under the Crimes Act 1900 and Occupational Health and Safety Regulation 2001 to make false or misleading statements in this form. Heavy penalties apply.

NOTES APPLICATION for a WorkCover NSW Construction Induction Card

Use this form to apply for a WorkCover NSW Construction Induction Card after successfully completing general induction training under the *National Code of Practice for Induction for Construction Work*. On completion of the training you will have received a Statement of Training from the trainer. This statement is valid for 30 days and can be used as evidence that you have completed the general induction training under the *National Code of Practice for Induction for Construction Work*.

IMPORTANT – Please read the following before sending in your application:

1. Please complete all relevant sections of this form. If a section does not apply to you, either mark it 'N/A' or 'Not Applicable'.
2. Provide completed application form to the trainer for mailing to WorkCover.
3. If WorkCover is satisfied that your application meets the requirements for the issue of a WorkCover NSW Construction Induction Card, your card will be sent to the postal address within approximately 30 days.

Privacy Compliance Statement

Information that is provided to WorkCover NSW may be covered by the *Privacy and Personal Information Protection Act 1998* and WorkCover administered legislation. The information in this application is collected by WorkCover NSW for the purpose of providing you, as an RTO, with approval to deliver general induction training in NSW, in accordance with the requirements of the *Occupational Health and Safety Act 2000* and *Occupational Health and Safety Regulation 2001*.

This information may also be used for the purpose of confirming applicant details as required. This information may also be made available to other State government agencies including the NSW Department of Primary Industries and the Vocational Education and Training Accreditation Board and any other State Training Authority or Commonwealth, State or Territory OHS Regulatory Authority.

Information provided in this form will not be used or disclosed except in accordance with the requirements of the *Privacy and Personal Information Protection Act 1998*.

You may apply to WorkCover to access and correct any information WorkCover holds if that information is inaccurate, incomplete, not relevant or out of date. Applications should be made in writing to:

Privacy Contact Officer

WorkCover NSW Head Office

Locked Bag 2906

LISAROW NSW 2252